



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
February 1 to County Superintendent  
February 15 to State Superintendent

**Second Semester**  
May 10 to County Superintendent  
May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: <b>01 Beaverhead</b>		District: <b>0003 Grant Elem</b>					District Level: <b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	79.4	0.95	48	08/09/04		



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>01 Beaverhead</b>		<b>0006 Beaverhead County H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	128	1.80	84	08/09/04	_____	_____
100	CO	10	22	1.57	78	08/08/04	_____	_____
100	CO	11	22	1.57	72	08/09/04	_____	_____
100	CO	12	53	0.95	35	08/09/04	_____	_____
100	CO	13	48	0.95	18	08/26/04	_____	_____
100	CO	2	26.2	1.57	78	08/08/04	_____	_____
100	CO	3	7	0.00	72	08/08/04	_____	_____
100	CO	4	140	1.57	72	08/27/04	_____	_____
100	CO	5	61	1.57	78	08/09/04	_____	_____
100	CO	6	192	1.57	72	08/26/04	_____	_____
100	CO	7	30	1.80	84	08/09/04	_____	_____
100	CO	8	52	1.57	78	08/09/04	_____	_____
100	CO	9	58	1.57	78	08/09/04	_____	_____



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County:		District:					District Level:	
01 Beaverhead		0009 Lima K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	12	12-1	99.1	0.95	40	08/23/04	_____	_____
100	12	12-2	122	0.95	16	08/23/04	_____	_____



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Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	26	1	99	0.95	35	08/25/04		